SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

Continuum of Care (CoC) Name: Miami-Dade County	**CoC #:** FL- 600
CoC Representative: Victoria Mallette	**Title:** Executive Director Miami- Dade County Homeless Trust
Phone/Email: (305)375-1490/ VMallette@miamidade.gov	
Person Completing this Plan: Manny Sarria	**Title:** Deputy Director Miami- Dade County Homeless Trust
Phone/Email: (305)375-1490/ mannys@miamidade.gov	

1. Primary Planning and Coordination Group: Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	**Affiliation**
Victoria Mallette	Executive Director, Miami- Dade County Homeless Trust
Manny Sarria	Deputy Director Miami- Dade County Homeless Trust
Iris Karina Martinez	Director, Advocate Program Veterans Supportive Services
Jennifer Pimentel	Program Manager, Advocate Program Veterans Supportive Services
Sandra Newson	Carrfour
Moeed Ishrat	Carrfour- Operation Sacred Trust
Yvette Costa	Carrfour- Operation Sacred Trust
Beth Wolfsohn	Miami VA Homeless Program
Thomas Jardon	Citrus Health Network
Olga Golik	Citrus Health Network

2. Ongoing Review and Coordination: Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

> SSVF grantees and VAMC Staff meet bi-weekly to go over veteran cases that have completed VI-SPDAT's to staff new referrals, track progress toward re-housing existing referrals, and discuss coordination efforts. SSVF grantees, VAMC HCHV Staff, community partners, and the COC meet bi-weekly for coordinated outreach meetings to staff cases added to the HMIS system and discuss progress with ending Veteran homelessness.

3. SSVF Grantees Serving CoC Geography: Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
Advocate Program, Inc.	$1,677,778.00	425	255	60
Carrfour-OST	$1,750,000.00	500	300	60
Carrfour-OST	$1,000,000.00	300	180	60

		TOTAL	$4,427,778	1225	735	60

4. Annual Demand and Need for Rapid Re-Housing Assistance: Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	1385	1136	654	207	274
Households with Children	171	140	81	26	34
Total Homeless Veteran Households	**1556**	**1276**	**735**	**233**	**308**

> The current allocation of RRH is based on prior year's actual utilization. While the planning instrument suggests we have a need for more RRH, our CoC is recommending keeping the current prevention and RRH allocations, and monitoring the need to adjust the dollars quarterly, starting in April 2015.

5. CoC Goals for Ending Homelessness Among Veterans: List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

I. End Veteran Homelessness by 2015
   a. House VASH ineligible veteran households using SSVF and Other RRH (roughly 82% of veteran households)
   b. House disabled, eligible veteran households, with priority given to chronically homeless veterans scoring 10 or more on the VI-SPDAT using VASH and CoC Permanent Supportive Housing (roughly 18% of veteran households).
   c. Use dashboard instrument to track our progress with the take down number leading to zero homeless veterans by December 31, 2015.

What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	230	44	274	69	13	82
Households with Children	28	5	34	9	1	10
Total Households	**259**	**49**	**308**	**78**	**14**	**92**

Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015? ☒ Yes ☐ No

If "Yes", please describe:

> The Miami-Dade CoC has established programs providing prevention to households at imminent risk of homelessness. The programs are designed to pay rent in arrears to prevent eligible households from entering the CoC.

6. SSVF Integration into CoC Coordinated Assessment System: Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then….). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.

The CoC's Coordinated Assessment and Placement (CAP) process centralizes referrals into CoC homeless programs. HCHV mobile outreach staff members receive referrals for homeless veterans who refuse Emergency Shelter. HCHV staff members are trained to screen veteran households for SSVF, VASH, GPD and other CoC program eligibility. For veteran households placed in Emergency Shelter by non-HCHV mobile outreach staff, shelter Case Managers are trained to screen veteran households for SSVF and HCHV eligibility and initiate referrals when appropriate.

b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

The CoC's CAP process centralizes referrals into CoC homeless programs. Non-HCHV mobile outreach teams are trained to verify homelessness, complete the HMIS assessment (including the VI-SPDAT), and refer to CoC projects based on eligibility. Veteran households who are not placed in Emergency Shelter are being referred to VA HCHV.

7. Long-Term System Improvements: Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.

In order to establish a no wrong door approach for referring eligible veterans, the SSVF providers will create mobile outreach services to work in conjunction with HCHV and non- HCHV outreach teams. SSVF outreach workers will be trained on VI-SPDAT and provide Housing Navigation to eligible households.

The CoC is working on further integrating all Rapid Re-Housing and Prevention Programs (including SSVF) through common intake and assessment forms.

b) Ensuring comprehensive coordination with VA systems and other VA funded programs.

The CoC lead will demo HMIS for HCHV with the goal of having one MIS system that CoC providers can use to view referrals for services to SSVF, VASH, GPD and other CoC programs.

c) Improving or establishing partnerships with community-based services and public/private housing providers.

The CoC will continue to work with the PHA and its recipients to establish a LIH Veteran preference, use ESG to serve veterans who are not eligible for SSVF and VASH, and execute referral MOUs allowing the CoC to access public housing for Veterans.

8. Other Strengths and Challenges: Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Strengths: We are currently working together with open lines of communication to best serve our veterans.

Challenges: No shared database makes it difficult to obtain client information to determine eligibility for services and to ensure no duplication occurs.